4-8-18 5.3-18

PRINTED: 02/23/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01

practice:

(X3) DATE SURVEY COMPLETED

POC#

(X4) ID

PRÉFIX

TAG

445306

B. WING

ID

PREFIX

TAG

K 000

02/22/2018

(X5) COMPLETION

DATE

NAME OF PROVIDER OR SUPPLIER

SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CENT

SUMMARY STATEMENT OF DEFICIENCIES

(EACH DEFICIENCY MUST BE PRECEDED BY FULL

REGULATORY OR LSC IDENTIFYING INFORMATION)

STREET ADDRESS, CITY, STATE, ZIP CODE 215 HIGHLAND CIRCLE DRIVE

PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE

CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY)

PORTLAND, TN 37148

		<u>:</u> _
K 000	INITIAL COMMENTS	-
3	A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation	

A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on 02/20/2018. During this Life Safety Survey, Signature of Portland was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the related National Fire Protection Association (NFPA) standard 101-2012.

The requirement at 42 (CFR), Subpart 483.70(a) is NOT MET as evidenced by:

No architectual drawings with legible life safety drawings were found.

K 200 Means of Egress Requirements - Other SS=D CFR(s): NFPA 101

Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. 18.2, 19.2

This REQUIREMENT is not met as evidenced by:

Based on observations, the facility failed to maintain the emergency exits.

What corrective action will be accomplished for those residents found to have been affected by the deficient

On 2/20/18 Plant Ops Director lowered the latching mechanism on the memory care courtyard gate.

How will you identify other residents K 200 having the potential to be affected by the same deficient practice and what corrective action will be taken

On 3/5/18, Plant Ops Director completed a 100% audit of all latching mechanisms on gates outside of the facility to ensure latching mechanism were under limit.

What measures will be put into place/What systematic changes you will make to ensure that the deficient practice does not recur.

On 3/5/18, Plant Ops Director was educated by facility administrator on latching mechanism height.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Administrator

TITLE

1311V

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

If continuation sheet Page 1 of 13

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(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 445306 B. WING 02/22/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 215 HIGHLAND CIRCLE DRIVE SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CENT PORTLAND, TN 37148 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) How will the corrective actions(s) be K 200 Continued From page 1 K 200 monitored to ensure the deficient The finding included: practice will not recur: Beginning on 3/5/18 Plant Ops Director will do 100% weekly audit of latching Observation on 2/20/18 at 12:07 PM, revealed the Memory Care courtyard gate latching mechanism mechanisms on facility gates and will was installed 59 inches above the finished correct any negative observations surface. NFPA 101, 19.2.1 (2012 Edition) NFPA immediately. The QAPI committee will 101, 7.2.1.5.10.1(2012 Edition) review audits completed to determine 100% compliance for 60 days. At that 4/7/18 The maintenance director was present when this time, the QAPI committee will determine deiciency was identified and it was later the frequency of the audit going forward. acknowledged by the administrator during the exit conference on 2/20/18. K 211 Means of Egress - General K 211 What corrective action will be CFR(s): NFPA 101 SS=D accomplished for those residents found to have been affected by the deficient Means of Egress - General practice: Aísles, passageways, corridors, exit discharges, On 3/2/18, Plant Ops director cleared the exit locations, and accesses are in accordance emergency exit from patio furniture. with Chapter 7, and the means of egress is How will you identify other residents continuously maintained free of all obstructions to having the potential to be affected by full use in case of emergency, unless modified by the same deficient practice and what 18/19.2.2 through 18/19.2.11. corrective action will be taken 18.2.1, 19.2.1, 7.1.10.1 Beginning 3/2/18 Plant Ops director This REQUIREMENT is not met as evidenced completed 100% audit of all emergency exits to ensure that they were not Based on observations, the facility failed to obstructed. maintain the emergency exits. The finding included: Observation on 2/20/18 at 12:09 PM, revealed the Memory Care emergency exit (outside) obstructed by patio furniture. NFPA 101, 19.2.1 (2012 Edition) NFPA 101, 7.1.10.2.1 (2012 Edition) The maintenance director was present when this deficiency was identified and it was later

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: PX4521

Facility ID: TN8305

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
	4 2	445306	B. WING	· ·	02/2	22/2018
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CE				STREET ADDRESS, CITY, STATE, ZIP CODE 115 HIGHLAND CIRCLE DRIVE PORTLAND, TN 37148		35,000
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE) BE	(X5) COMPLETION DATE
K 200	Memory Care court was installed 59 inc surface. NFPA 101, 101, 7.2.1.5.10.1(20	d: 0/18 at 12:07 PM, revealed the yard gate latching mechanism hes above the finished 19.2.1 (2012 Edition) NFPA 012 Edition)	K 200			
	The maintenance director was present when this deiciency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18. K 211 SS=D Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observations, the facility failed to maintain the emergency exits. The finding included: Observation on 2/20/18 at 12:09 PM, revealed the Memory Care emergency exit (outside) obstructed by patio furniture. NFPA 101, 19.2.1 (2012 Edition) The maintenance director was present when this		K 211	What measures will be put into place/What systematic changes you make to ensure that the deficient practice does not recur. On 3/5/18, Plant Ops Director was educated by facility administrator emergency exits cannot be obstructed. On 3/12/18 Plant Ops Director beg educating staff that emergency exit cannot be obstructed. How will the corrective actions(s) monitored to ensure the deficient practice will not recur: Beginning on 3/5/18, Plant Ops dire will complete a weekly audit of all emergency exits to ensure that they obstructed. The QAPI committee w review audits completed to determin 100% compliance for 60 days. At the time, the QAPI committee will dete the frequency of the audit going for	that cted. an ts be ector are not ill ne nat rmine	4/7/18
		ified and it was later				

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Event ID: PX4521

Facility ID: TN8306

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(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 02/22/2018 B. WING 445306 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 215 HIGHLAND CIRCLE DRIVE SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CENT PORTLAND, TN 37148 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 211 K 211 Continued From page 2 acknowledged by the administrator during the exit conference on 2/20/18. K 223 K 223 Doors with Self-Closing Devices What corrective action will be SS=D CFR(s): NFPA 101 accomplished for those residents found to have been affected by the deficient Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, practice: On 2/22/18 Plant Ops Director fixed the or horizontal exit, smoke barrier, or hazardous cross corridor door next to therapy and it area enclosure are self-closing and kept in the is now self- closing within the frame. closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically How will you identify other residents closes all such doors throughout the smoke compartment or entire facility upon activation of: having the potential to be affected by * Required manual fire alarm system; and the same deficient practice and what * Local smoke detectors designed to detect corrective action will be taken smoke passing through the opening or a required 100% Audit of cross corridor doors was smoke detection system; and completed by Plant Ops Director on * Automatic sprinkler system, if installed; and 3/9/18 to ensure that the doors are self-* Loss of power. closing within the frame. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced What measures will be put into place/What systematic changes you will Based on observations and testing, the facility make to ensure that the deficient failed to maintain the cross corridor doors. practice does not recur. On 3/5/18, Plant Ops Director was The finding included: educated by facility administrator that Observation and testing on 2/20/18 at 10:40 AM, cross corridor doors must be self-closing revealed the cross corridor doors next to Therapy within the frame. (1 of 2) are not self-closing within the frame. How will the corrective actions(s) be monitored to ensure the deficient NFPA 101, 19.3.7.8 (2012 Edition) practice will not recur: The maintenance director was present when this Beginning 3/5/18 Plant Ops Director will deficiency was identified and it was later complete a weekly audit of all cross acknowledged by the administrator during the exit conference on 2/20/18. K 324 K 324 Cooking Facilities SS=D | CFR(s): NFPA 101

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OEIT LEINO OIT MEDIO M		()(0) 14:	TIO	CONCTRUCTION	(X3) DATE	SUBVEY	
STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION 21 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
			A BOLDING OF TRIANCE BOLDING OF			İ	
		445306	B. WING			02/	22/2018
NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE		
01011471	IDE LIEN TU OF BOD	TI AND DELIAD & MELL NESS CI	ENT	21	15 HIGHLAND CIRCLE DRIVE		
SIGNAL	IRE HEALIH OF POR	TLAND REHAB & WELLNESS CI		P	ORTLAND, TN 37148		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 211	Continued From pa acknowledged by th conference on 2/20	ne administrator during the exit	K:	211			
K 223	Doors with Self-Clo		K2	223			
	CFR(s): NFPA 101	Ü		1	corridor doors to ensure that the doo self -closing within the frame. The		4/7/18
	Doors with Self-Clo	sing Devices		1	committee will review audits compl	eted to	
		sageway, stairway enclosure,		1	determine 100% compliance for 60		,
		noke barrier, or hazardous		į	At that time, the QAPI committee we determine the frequency of the audi		
		self-closing and kept in the ess held open by a release			forward.	i going	
		ith 7.2.1.8.2 that automatically		i	ioi ward.		
	closes all such door	s throughout the smoke		į			
-		ire facility upon activation of:		l	n		
	* Required manual	fire alarm system; and		1			
	* Local smoke dete	ctors designed to detect		-			
		ugh the opening or a required		1			
	smoke detection sy. * Automatic sprinkle * Loss of power.	stem; and er system, if installed; and			1		
	18.2.2.2.7, 18.2.2.2	.8, 19.2.2.2.7, 19.2.2.2.8 IT is not met as evidenced					
	by:			1			
	Based on observat failed to maintain th	ions and testing, the facility e cross corridor doors.					
	The finding included	1: -					
	revealed the cross of	sting on 2/20/18 at 10:40 AM, corridor doors next to Therapy closing within the frame. (2012 Edition)		The second secon			
K 324	deficiency was iden acknowledged by th conference on 2/20/ Cooking Facilities	irector was present when this tified and it was later se administrator during the exit /18.	K	324			
SS=D	CFR(s): NFPA 101						

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Event ID: PX4521

Facility ID: TN8305

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(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 445306 B. WING 02/22/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 215 HIGHLAND CIRCLE DRIVE SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CENT PORTLAND, TN 37148 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) FD (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) K 324 K 324 Continued From page 3 What corrective action will be accomplished for those residents found Cooking Facilities to have been affected by the deficient Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control On 2/21/18, Plant Ops Director and Fire Protection of Commercial Cooking completed 1:1 education with kitchen Operations, unless: * residential cooking equipment (i.e., small staff member that did not know the appliances such as microwaves, hot plates, procedures in the event of a kitchen fire. toasters) are used for food warming or limited How will you identify other residents cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 having the potential to be affected by * cooking facilities open to the corridor in smoke the same deficient practice and what compartments with 30 or fewer patients comply corrective action will be taken with the conditions under 18.3.2.5.3, 19.3.2.5.3, On 2/21/18, Plant Ops Director began or educating kitchen staff on fire safety * cooking facilities in smoke compartments with procedures in the kitchen. 30 or fewer patients comply with conditions under 18.3.2.5.4. 19.3.2.5.4. What measures will be put into Cooking facilities protected according to NFPA 96 place/What systematic changes you will per 9.2.3 are not required to be enclosed as make to ensure that the deficient hazardous areas, but shall not be open to the practice does not recur. corridor. 18,3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through On 3/5/18, Plant Ops director was 19.3.2.5.5, 9.2.3, TIA 12-2 educated by the facility administrator that kitchen staff must be educated on the procedures in the event of a kitchen fire. How will the corrective actions(s) be monitored to ensure the deficient This REQUIREMENT is not met as evidenced practice will not recur: by: Based on interviews, the facility failed to properly Beginning on 3/5/18, Plant Ops Director educate staff on fire safety procedures in the will do education weekly for kitchen staff kitchen. to ensure that they are familiar with procedures in the event of a kitchen fire. The finding included: Beginning on 3/12/18, Plant Ops Director will complete unannounced fire drills in Interview with kitchen staff on 2/20/18 at 10:56 the kitchen weekly to ensure they are AM, revealed the staff was not familiar with procedures in the event of a kitchen fire. NFPA 101, 19.3.2.5.1 (2012 Edition) NFPA 101, 9.2.3

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Event ID: PX4521

Facility ID: TN8305

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(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 445306 B. WING 02/22/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 215 HIGHLAND CIRCLE DRIVE SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CENT PORTLAND, TN 37148 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION 1D (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) familiar with procedures in the event of a K 324 K 324 Continued From page 4 kitchen fire. The OAPI committee will (2012 Edition) NFPA 96, 11.1.4 (2011 Edition) review audits to determine 100% compliance for 60 days. At that time, the QAPI committee will determine the The maintenance director was present when this 4/7/18 deficiency was identified and it was later frequency of the audit going forward. acknowledged by the administrator during the exit conference on 2/20/18. K 345 K 345 Fire Alarm System - Testing and Maintenance What corrective action will be CFR(s): NFPA 101 SS=D accomplished for those residents found to have been affected by the deficient Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying On 2/20/18, Plant Ops Director moved the with the requirements of NFPA 70, National carts that were obstructing the manual fire Electric Code, and NFPA 72, National Fire Alarm alarm station beside the kitchen. and Signaling Code. Records of system How will you identify other residents acceptance, maintenance and testing are readily having the potential to be affected by the same deficient practice and what 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 corrective action will be taken This REQUIREMENT is not met as evidenced On 3/5/18 Plant Ops Director completed an audit of all manual fire alarm stations Based on observations, the facility failed to to ensure they were not obstructed maintain the clearance around fire alarm manual pull stations. What measures will be put into place/What systematic changes you will The finding included: make to ensure that the deficient practice does not recur. Observation on 2/20/18 at 9:41 AM, revealed On 3/5/18, Plant Ops Director was carts obstructing the manual fire alarm station educated by facility administrator that fire beside the kitchen. NFPA 101, 19.3.4.1 (2012) alarm stations cannot be blocked. On Edition) NFPA 101, 9.6 (2012 Edition) NFPA 72, 3/5/18 Plant Ops Director began education 17.14.5 (2010 Edition) with staff members on not blocking fire alarm stations. The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18. K 353 Sprinkler System - Maintenance and Testing K 353 CFR(s): NFPA 101 SS=D

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Event ID: PX4521

Facility ID: TN8305

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(X1) PROVIDER/SUPPLIER/CLIA

PRINTED: 02/23/2018 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING 445306 02/22/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 215 HIGHLAND CIRCLE DRIVE SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CENT PORTLAND, TN 37148 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES IΠ (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 324 K 324 Continued From page 4 (2012 Edition) NFPA 96, 11.1.4 (2011 Edition) The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18. K 345 K 345 Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 SS≍D Fire Alarm System - Testing and Maintenance How will the corrective actions(s) be A fire alarm system is tested and maintained in monitored to ensure the deficient accordance with an approved program complying practice will not recur: with the requirements of NFPA 70, National Beginning on 3/5/18, Plant Ops Director Electric Code, and NFPA 72, National Fire Alarm will begin weekly audits of pull stations to and Signaling Code. Records of system ensure they are free from obstruction. acceptance, maintenance and testing are readily The QAPI committee will review audits to available. determine 100% compliance for 60 days. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 At that time, the QAPI committee will This REQUIREMENT is not met as evidenced 4/7/18 determine the frequency of the audit going forward. Based on observations, the facility failed to maintain the clearance around fire alarm manual pull stations. The finding included: Observation on 2/20/18 at 9:41 AM, revealed carts obstructing the manual fire alarm station beside the kitchen. NFPA 101, 19.3.4.1 (2012) Edition) NFPA 101, 9.6 (2012 Edition) NFPA 72, 17.14.5 (2010 Edition) The maintenance director was present when this deficiency was identified and it was later acknowledged by the administrator during the exit conference on 2/20/18. Sprinkler System - Maintenance and Testing K 353 K 353 CFR(s): NFPA 101 SS=D

(X2) MULTIPLE CONSTRUCTION

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Event ID: PX4521

Facility ID: TN8305

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(X3) DATE SURVEY

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 445306 02/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 215 HIGHLAND CIRCLE DRIVE SIGNATURE HEALTH OF PORTLAND REHAB & WELLNESS CENT PORTLAND, TN 37148 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) What corrective action will be K 353 Continued From page 5 K 353 accomplished for those residents found to have been affected by the deficient Sprinkler System - Maintenance and Testing practice: Automatic sprinkler and standpipe systems are On 2/23/18, Plant Ops Director scheduled inspected, tested, and maintained in accordance Century Fire Protection to give a quote with NFPA 25. Standard for the Inspection. and scheduled repairs for the corroded Testing, and Maintaining of Water-based Fire sprinklers. Protection Systems. Records of system design, How will you identify other residents maintenance, inspection and testing are having the potential to be affected by maintained in a secure location and readily the same deficient practice and what available. corrective action will be taken a) Date sprinkler system last checked On 3/5/18, Plant Ops director completed audit of sprinklers throughout the facility. b) Who provided system test c) Water system supply source What measures will be put into place/What systematic changes you will Provide in REMARKS information on coverage for make to ensure that the deficient any non-required or partial automatic sprinkler system. practice does not recur. 9.7.5. 9.7.7. 9.7.8. and NFPA 25 On 3/5/18, Plant Ops Director was This REQUIREMENT is not met as evidenced educated by the facility administrator that corroded sprinkler heads must be Based on observations, the facility failed to replaced. maintain the sprinkler system. How will the corrective actions(s) be monitored to ensure the deficient The findings included: practice will not recur: Beginning 3/5/18 Plant Ops Director will Observations on 2/20/18 at 9:30 AM-12:32 PM complete weekly audits of sprinkler heads revealed sprinkler deficiencies in the following to ensure there are no corroded sprinklers. locations: The QAPI committee will review audits to a. Patient rooms 1-11 (corroded sprinklers over determine 100% compliance for 60 days. patient beds) At that time, the QAPI committee will b. Nurse station 1 patient bath (corroded determine the frequency of the audit going 4/7/18 sprinkler) forward. c. Emergency exit by 142 (corroded sprinkler) outside d. Outside of the basement entrance (corroded sprinkler) e. Inside the basement area throughout (corroded

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		CORRECTION IDENTIFICATION NUMBER: A BUILD		MULTIPLE CONSTRUCTION (X JILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		445306	B. WING		02/2	22/2018	
	PROVIDER OR SUPPLIER JRE HEALTH OF POP	TLAND REHAB & WELLNESS C	FNT :	STREET ADDRESS, CITY, STATE, ZIP CODE 215 HIGHLAND CIRCLE DRIVE PORTLAND, TN 37148			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
K 353	NFPA 101, 9.7 (201 (2010 Edition) NFPA NFPA 25, 5.2.1.1.2 5.2.1.1.3 (2011 Edit The maintenance d these deficiencies v later acknowledged the exit conference	01, 19.3.5.1 (2012 Edition) 2 Edition) NFPA 13, 26.1 A 25, 5.2.1.1.1 (2011 Edition) (2011 Edition) NFPA 25, ion) irector was present when vere identified and they were by the administrator during on 2/20/18.	K 353		की अब इ		
SS=D	CFR(s): NFPA 101 Utilities - Gas and E Equipment using ga complies with NFPA electrical wiring and NFPA 70, National I installations can conhazard to life. 18.5.1.1, 19.5.1.1, 9 This REQUIREMEN by: Based on observation in the clearar The finding included Observation on 2/20 electrical panels obsin the Therapy room	Electric as or related gas piping 54, National Fuel Gas Code, equipment complies with Electric Code. Existing intinue in service provided no 1.1.1, 9.1.2 T is not met as evidenced ons, the facility failed to ace around electrical panels. Half at 10:30 AM, revealed estructed by tables and chairs NFPA 101, 19.5.1 (2012 9.1(2012 Edition) NFPA 70,	N O I I	accomplished for those residents to have been affected by the defipractice: On 2/20/18 therapy staff moved the and chairs in the Therapy room the obstructing the electrical panels. How will you identify other reside having the potential to be affected the same deficient practice and we corrective action will be taken On 2/22/18, Plant Ops Director audother electrical panels in the facilitiensure they were not obstructed. What measures will be put into place/What systematic changes were make to ensure that the deficient practice does not recur. On 3/5/18, Plant Ops Director was educated by facility administrator electrical panels cannot be obstructed. 3/5/18, Plant Ops director began ewith staff members on not obstructed electrical panels.	icient ne table at were ents ed by what dited ty to you will t s that cted. On education		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01		TE SURVEY MPLETED
		445306	B. WING	· · · · · · · · · · · · · · · · · · ·	02	/22/2018
	PROVIDER OR SUPPLIER JRE HEALTH OF POR	TLAND REHAB & WELLNESS C	ENT	STREET ADDRESS, CITY, STATE, ZIP C 216 HIGHLAND CIRCLE DRIVE PORTLAND, TN 37148		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COF X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
	NFPA 101, 9.7 (201 (2010 Edition) NFPA 25, 5.2.1.1.2 5.2.1.1.3 (2011 Edit The maintenance di these deficiencies was later acknowledged the exit conference Utilities - Gas and ECFR(s): NFPA 101 Utilities - Gas and Equipment using gas complies with NFPA electrical wiring and NFPA 70, National E	21, 19.3.5.1 (2012 Edition) 2 Edition) NFPA 13, 26.1 A 25, 5.2.1.1.1 (2011 Edition) (2011 Edition) NFPA 25, ion) irector was present when vere identified and they were by the administrator during on 2/20/18. Ilectric lectric s or related gas piping 54, National Fuel Gas Code, equipment complies with Electric Code. Existing itinue in service provided no	K 5	How will the corrective action monitored to ensure the defice practice will not recur: Beginning 3/5/18, Plant Ops discomplete weekly audits of elect panels to ensure that they are nobstructed. The QAPI committer review audits to determine 100 compliance for 60 days. At that QAPI committee will determine frequency of the audit going for	rector will trical ot ee will % t time, the e the	4/7/18
**************************************	by: Based on observation maintain the clearan The finding included Observation on 2/20 electrical panels observation the Therapy room.	/18 at 10:30 AM, revealed tructed by tables and chairs NFPA 101, 19.5.1 (2012 0.1(2012 Edition) NFPA 70,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION	(X3) DA	TE SURVEY
	IDENTIFICATION NUMBER:	1 ' '	G 01 - MAIN BUILDING 01	co	MPLETED
	445306	B. WING_		02	/22/2018
NAME OF PROVIDER OR SUPPLIE SIGNATURE HEALTH OF PO	R DRTLAND REHAB & WELLNESS C	ENT	STREET ADDRESS, CITY, STATE, ZIP COI 215 HIGHLAND CIRCLE DRIVE PORTLAND, TN 37148		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
deficiency was ideacknowledged by conference on 2/2 HVAC SS=D CFR(s): NFPA 10 HVAC Heating, ventilation comply with 9.2 and accordance with the specifications. 18.5.2.1, 19.5.2.1 This REQUIREMING by: Based on document facility failed to the facility f	director was present when this entified and it was later the administrator during the exit 20/18. In, and air conditioning shall and shall be installed in the manufacturer's 9.2 ENT is not met as evidenced ent review and observations, o maintain the fire dampers.	K 51	1	dents by the tor called cheduled is in the ame to the part to fix in the vill be residents fected by ind what en in the discount of the part to fix in the part to fix in the discount of the part to fix in the discount of the part to fix in the part to	
the HVAC duct pe Therapy did not had damper inspection	2/20/18 at 12:10 PM, revealed netrating the fire wall beside the live a visible access door for a . NFPA 101, 19.5.2 (2012 , 19.5.2 (2012 Edition) NFPA		What measures will be put in place/What systematic chang will make to ensure that the practice does not recur.	ges you	

FORM CMS-2587(02-99) Previous Versions Obsolete

Facility ID: TN8305

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
445306		B. WING		02/22/2018		
NAME OF PROVIDER OR SUPPLIER			<u>' </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		- 111/237
SIGNATU	JRE HEALTH OF POR	TLAND REHAB & WELLNESS C	ENT 1	215 HIGHLAND CIRCLE DRIVE PORTLAND, TN 37148		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 521	101, 19.5.2 (2012 E (2012 Edition) NFP/ The maintenance di these deficiencies w	dition) NFPA 90A, 5.4.7.1 A 80, 19.2.3 (2010 Edition) irector was present when were identified and they were by the administrator during	K 521	A. On 3/5/18, Plant Ops Dire was educated by facility administrator that fire dampers must reinspected with documentation of the inspection. B. On 3/5/18, Plant Ops Dire was educated by the facility administrator that HVAC openetrating the fire wall rehave a visible access door damper inspection. How will the corrective actions(s) monitored to ensure the deficient practice will not recur: A. Beginning 3/5/18 Plant Ops Director will complete monthly aud of fire dampers in the facility to ensinsnections have been completed. B. Beginning on 3/5/18, Plant Ops Director will complete monthly aud of HVAC duct penetration and ensithere is a visible access door. The QAPI committee will review audits determine 100% compliance for 60 days. At that time, the QAPI committee will determine the frequency of the audit going forward.	ector ity duct nust for be dits sure dits ure	4/7/18
Amely tweet at the control of the co	**	A STATE OF S				